FEC FORM 3

REPORT OF RECEIPTS

For An Authorized Committee

Enths of

SECRETARY OF THE SENATE

15 JUNA 2 28 3: 55

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: If typing over the lines.	, type 1	2 FE4M 5	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NU C 00 5 6 8 3 7	30428 MILTO	HOLL	Y RUN	· · · · · · · · · · · · · · · · · · ·	ATE A	19988 - 3425 ZIP CODE ▲ STATE ▼ DISTRICT DED DED
4. TYPE OF REPORT (Cho (a) Quarterly Reports: April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly January 31 Year-End Termination Report	Report (Q1) Report (Q2) Report (Q3) Report (YE)	Election (c) 30-Day	Control (30G	oort for the:	General (1 Special (1 Y Runoff (3)	in the State of OR) Special (30S)
5. Covering Period I C I certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errore Office Use	CAR	the best of m LR. 5	MINK	belief it is true	, correct an	13 2015

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